The state of the s								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective October 1, 2003 /0 / 700											243	<b>&gt;</b>		
CLAIMS AS FILED - PART I								SMALL	ENTITY	+ 2	OTHE	R THAN		
(Column 1) (Column 2)								TYPE		OR		ENTITY		
TOTAL CLAIMS						·		RATE	FEE	]	PATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	SE 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		*	·		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =				Ì	X43=		OR	X86=	<b>†</b>		
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT			ı	+145=	<del>                                     </del>	OR	+290=				
•  1	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL			
CLAIMS AS AMENDED - PART II								TOTAL	·	J O	OTHER	THAN		
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 7	Minus	<b>-</b> 2	0	- /		X\$ 9=		OR	X\$18=			
	Independent	. 2	Minus	3		-	Ī	X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						I	+145=		OR	+290=			
							L	TOTAL			TOTAL			
(Column 1) (Column 2) (Column 3)								DOIT. FEE	<u> </u>	JUN /	VODIT. FEE			
		(Column 1)	I	HIGHE		(Column 3)	_		I ADOL					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 21	Minus	- 20	0	- /		X\$ 9=	9.00	OR	X\$18=			
	Independent	• 4	Minus	3		= /_	T	X43=	43.00	OR	X86-			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
	10.07.05						L	TOTAL		~ L	TOTAL			
	(Column 2) (Cotumn 3)							DIT. FEE	لـــــا	OIT A	ODIT. FEE			
1	10/-	CLAIMS		(Colum		(Column 3)	_	·		_				
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOL PAID F	er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	$\cdot 2$	Minus	-21		=		X\$ 9≠		OR	X\$18=			
3	Independent		Minus			-		X43=		<u>,</u> ,t	X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM					OR -				
+145= .										OR	+290=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL ADDIT. FEE  OR  ADDIT. FEE														
		nber Previously Paid ber Previously Paid					found	in the ap	propriate box	in colu	mn 1.			